

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-010364

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 100 Primary Registration District No. 3018 Registrar's No. 33
FILED MAR 26 1962VS 300
Rev. 4/59

10331

20331

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DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY Dent		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dent	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Salem		Length of stay in 1b 1 yr	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION at residence		d. STREET ADDRESS (If outside, give location) East Center	
3. NAME OF DECEASED (Type or print) First David Middle Timan Last Jones		4. DATE OF DEATH Month March Day 22 Year 1962	
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-2-10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist		10b. KIND OF BUSINESS OR INDUSTRY steel plant	
13a. FATHER'S NAME William Jones		13b. MOTHER'S MAIDEN NAME Maggie Jones	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W W 2		17. INFORMANT 26 Mrs David Jones Salem Mo	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchiolar carcinoma (8072) with secondary metastasis.		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Salem, Missouri	
21. I attended the deceased from 12/2/61 to 3/22/62 and last saw him alive on 3/15/62 Death occurred at 10:15 P on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED 3/24/62	
22a. SIGNATURE <i>Mark M. Hart</i>		22b. ADDRESS Salem, Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 3-25-62	23c. NAME OF CEMETERY OR CREMATORY Jadwin Cem	23d. LOCATION (City, town, or county) (State) Dent County Missouri
24. FUNERAL DIRECTOR Spencer Funeral Home Inc		25. DATE RECD. BY LOCAL REG. 3/24/62	26. REGISTRAR'S SIGNATURE <i>M. M. Hart, M.D. by RMC</i>

(Licensed Embalmer's Statement on Reverse Side)

APR 3 1962

APR 12 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Carl H. Springer

Licensed Embalmer No. 2370

P. O. Address Salinas, Cal.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.